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| VEB\_18.docx 10/30 (previously DSPD fm1229) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionVeterinary Examining Board2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911Phone: (608) 224-4353  |
| COMMUNICABLE DISEASES CERTIFICATION FORM |

**Information Required by DHFS 145**

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| I hereby certify that I am familiar with the State of Wisconsin health laws and rules of the Department of Health as related to communicable diseases. |
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| Type of Credential (please print) |
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| Application ID Number (please print) |
|  |
|  |
| Print Name of Applicant |
|  |  |
|  |  /  /  |
| Signature of Applicant | Date  |

**Committed to Equal Opportunity in Employment and Licensing**